M	ISSO	UR	DI	VIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH = 62-0289	114
DEPARTMENT OF PL				BLIC R	C HEALTH AND WELFARE 318 Registration District No. 1003 Registrat's No. 7745 STATE FILE NUMBE	ER
ON THIS STUB	UB AMERIDED				1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	idence before
VS 300 Rev. 4/59	ENDED				MISSURIT St. Louis	admission)
,	AMEN			l	TOWN ST. LOUIS, MISSOURI 30yrs TOWN Pagedale	🛂 No 🗆
240352	쁘				c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Re ADDRESS ADDRESS	eside on Farm es □ No 🙀
3	5 [≦	+	-	=	3. NAME OF DECEASED First Middle Last 4. DATE Month Day	Year
4				_	(Type or print) CLOVES E. MC CRACKEN OF DEATH AUGUST 6	1962
5					J. JEA TO: COLOR OR RACE 7. Marries 10. DATE OF BIRTH 1. 1. 1. 1. 1. 1. 1. 1	F UNDER 24 HR Hours Min.
				10	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WH.	AT COUNTRY
7	CILOWS			13	Cook Restaurant Purdy, Missouri U.S. A 38. FATHER'S NAME 136. MOTHER'S MAIDEN NAME: 14. NAME OF HUSBAND OR WIFE	1.
я (1 1			- <u>1:</u>	Samuel McCracken Bertha Elliott , 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
I	\$ B			(Y 	Yes, no No sunknown) (If yes, give war or dates of service) 40 auline Stewart 1201 Edgewat	er Dr.
10	⋖		AENT		PART I. DEATH WAS CAUSED BY:	VAL BETWEEN T AND DEATH
11	AP OF		DOCUMEN		(HEPATOMA SUSPECTED)	JNIES
1252-0	اقام		ă		Conditions, if any, which gave rise to above cause (a).	
· · · ·	╸┼═┼╴	H	-		stating the under-lying cause last. DUE TO (c)	
6 9	200			CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If decased was there a pregnancy	in last 90 days.
0 . 1	AMENDMENIS			CERTIFICA	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of PERFORMED?	item 18.)
	2			I CER	YES IN NO D	
y Q	W		İ	AEDIC/	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
USE BLACK INK OR PEWRITER RIBBON				1	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK	STATE
LAC TER OR	READ				21. 1 attended the deceased from JULY 9, 1962 to AIK. 6, 1962 and last saw her him alive on AUC. 6, 1962	2
W E					Death occurred at 4:15 A.M. m on the date stated above, and to the best of my knowledge, from the cause	
USE BLAC OR FYPEWRITER	SHOULD		ļ.		BARNES HOSPITAL	c. DATE SIGNED
-		$\frac{1}{1}$	- A	23	33. BURIAL, CREMATION, 23b. ATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify)	(State)
j	EM NO.		BY AFFIDAVIT	-24	Removal 8-7-1962 Odd Fellows Cemetery Monett, Missouri	
	II		₽	1	2301 Lafavette Avenue . Inc. AUG 8 1982	<i>D</i>

STATEMENT BY LICENSED EMBALMER

If this body is not embalmed, fact should be so stated above.

or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed / AMACA / Charleson
Signature of Student Embalmer	
	Licensed Embalmer No.
	for the second has
	P. O. Address of the control of the
	THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply